

BP-A439_TREATMENT PLAN

TREATMENT PLAN

U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

Client's Name: _____ Register Number: _____

Psychologist: _____ Position: _____

Presenting Problem(s): _____

1. Date Treatment Began: _____

2. No. Sessions Per Week: _____ Type: Indiv. / Group
(Check one) Length: _____
(Minutes)

3. Goals to be Accomplished:

	<u>Goals</u>	<u>Date Formulated</u>	<u>Date Completed</u>	<u>No. Sessions Needed</u>
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____
g.	_____	_____	_____	_____

4. Consent to Treatment (Read to Client):

"The purpose, goals, and methods to be used during these treatment sessions have all been explained to me. I understand that I can end these sessions at any time without negative consequences. I also understand that material discussed in these sessions is confidential except where otherwise agreed, or in cases where potential harm to self/others, major security issues, or Court requests are involved. My initials indicated that I agree with this treatment plan."

Client's Initials

Psychologist's Initials

5. Termination Summary: _____

Psychologist's Signature

Date